

THE ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

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Message from the Chief



Greetings! I can't believe an entire year has already gone by for me as your Chief. I remain honored and privileged to represent you, the fabulous Army Nurses who are committed to professional nursing, service to our Nation and each day care for the men and women who are willing to place themselves in harm's way in order to preserve the American way of life and the freedoms we hold so dear.

Rather than discussing where I have traveled to meet with Army nurses, I would like to remind everyone of the top issues being addressed by work groups of ANC officers. I certainly would love being able to immediately correct these issues with a snap of my fingers, but reality seems to always step in. It takes significant energy to clearly articulate the challenges, design solutions and then begin implementation of those solutions. I am a risk taker and we will undoubtedly identify some solutions that challenge those who are attached to the status quo...but I concur with Einstein who remarked, "We can't solve problems by using the same kind of thinking we used when we created them."

There were nine priority concerns articulated at the strategic planning session six months ago, and I am pleased with the progress we are making. Progress is not linear, so some groups are further along in their recommendations than others are. Just as a reminder, the nine areas were retention, deployment, recruitment, clinical excellence, nurse (leader) development, mentoring, Reserve Component, AOC restructuring, and an ambulatory nursing model. By seeking volunteers to work in these various areas, we focused on balancing the work so that no one burned out—I know you are all quite engaged in your responsibilities at work. So that you know how we are doing in these areas, I will start including the updates in the newsletter so I keep you informed. This month I want to tell you about the deployment efforts. I do not see the OPTEMPO decreasing so knowing how to balance the demands of deployments across our AOC's remains essential.

I want you to know that ANC senior leaders have led the AMEDD in development of an excellent deployment tracking and planning system. We are implementing this tool, AOC by AOC, so you may not yet be familiar with it. The goals included insuring that the deployments were equitable and shared across a specialty area and that we could track our compliance with the CSA's goals to have Soldiers at home for twice the time they were deployed. The team discovered existing automation tools that provided the information they needed and are easily kept current. It allows us to identify those officers who are non-deployable and for what reasons. We now easily know if an issue is temporary (attending an educational program or pregnancy for example) or permanent. It also allows us to provide advance notice of the time line of anticipated deployment needs. For example, if we know that in each rotation we are using 25 of a particular group and based on the various criteria you are number 50 in the queue, you will most likely go in the second rotation. If that won't work for you due to a family obligation, a wedding, a graduation, or an anniversary, for example, you can advise us that you would rather go early than miss that important event. I think you will find this provides more predictability for you and your loved ones. You should be proud of the work your colleagues are doing—the other Corps are now replicating their efforts!

Please remember that as busy as you are, you need to take some leave—do not get into a “lose leave” position. We all need to recharge our batteries and spend some time with those important to us. The sight of my 13-year-old nephew reeling in a 7 foot, 250-pound marlin will keep me smiling for months! My husband's adventure swimming with a pod of dolphins is another highlight. Take time to care for yourself so you sustain the energy and ability to care for others. GSP

The ANC Newsletter is published monthly to convey information and items of interest to all Army Nurse Corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail the articles to [MAJ Eric Lewis](#). The deadline for all submissions is the third week of the month prior to the month you want the item published. All officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication.

Kudos and Publications

Congratulations to the 2005 Dr. Anita Newcomb McGee Award Winner

Colonel Normalynn Garrett, Program Director of the US Army Graduate Program in Anesthesia Nursing at the AMEDD Center and School, accepted the prestigious Anita Newcomb McGee Award at a recent ceremony on 8 July at the Daughters of the American Revolution (DAR) Constitution Hall in Washington, DC. President General Linda Tinker Watkins formally presented the award on National Defense Night of the 2005 Continental Congress of the DAR. Colonel Barbara J. Bruno, the Assistant Chief of the Army Nurse Corps, was among the dignitaries in attendance.



Named for the founder of the Army Nurse Corps, the Anita Newcomb McGee Award is presented annually to an active duty Army Nurse Corps officer who exemplifies excellence in professional and military nursing. Colonel Patricia A. Patrician, who nominated Colonel Garrett for the award, described her as an "Army Nurse Corps leader who exquisitely balances multiple responsibilities of leader, mentor, educator, administrator, scientist, colleague, and friend."

COL Garrett started her Army career in 1974 as an enlisted social worker and returned to school to obtain her master's degree in Education from Boston University and subsequent Bachelor of Science in Nursing degree from Mobile College in Alabama. She earned her Master's Degree in Health Sciences in 1986 from the rigorous US Army Graduate Program in Anesthesia Nursing. COL Garrett earned her PhD at Johns Hopkins University, where she investigated the effects of NMDA glutamate receptor antagonists (ketamine analogues) on surgery induced immunosuppression and metastasis. She is a well-known researcher in both the military and civilian nursing communities and adroitly champions scientific research. A world-class educator, trusted mentor, brilliant scientist, and innovative leader, COL Garrett is a role model for military nursing research and anesthesia nursing practice.

In her acceptance speech, COL Garrett noted the importance of professional Army nursing, particularly Army Anesthesia Nursing and its impact on science, practice and professionalism. She described the critical roles that Certified Registered Nurse Anesthetists (CRNAs) fill in Forward Surgical Teams, Combat Support Hospitals, and other military medical treatment facilities. Army Nursing is an integral profession in caring for soldiers in harm's way.

Be sure to congratulate all the Nurse Corps Officers who graduated from the Army Senior Service College this year. They are:

COL Carolyn Deverell (USAR)	COL Patricia Patrician (USA)	LTC Timothy Newcomer (USA)
COL Sheila Dominguez (ARNG)	COL Shirley Quarles (USAR)	LTC Kathleen Ryan (USA)
COL Keith Essen (USA)	COL Flory Quarto (USAR)	LTC Kelly Wolgast (USA)
COL Etta Johnson (USAR)	LTC Mary Gomez (USAR)	LTC Rhonda Earls (USA)
COL Dianne Nall (USAR)	LTC Mary Link (USAR)	

Congratulations to **LTC Gregory Kidwell, Majors Dawn Garcia and Lisa Snyder, Captains Batina Sundem and Birgit Nosalik, Lieutenants Lindsay Towe and Cristina Pansoy and SPC Robert Duncan** for their article "Grace Under Fire" in the online publication *Nursing 2005*, Volume 35(5) May 2005 p 62-64. <http://www.nursing2004.com/pt/re/nursing/fulltext.00152193-200505000-00050.htm?jsessionid=Cu1hbmnaFiBwHBbSa1uL6D7gjANc0ayvMTMLjVEqCNsT4iNxtN!1988335901!-949856145!9001!-1?index=1&database=ppvovft&results=1&count=10&searchid=1&nav=search>

Congratulations to **MAJ(P) Lisa Toven, RN, MSN, CNOR**. She has written an article "Environmental Surveillance in the Operating Room" that appears in the July 2005 issue of the *AORN Journal*.

MAJ Chinneth has granted permission to use "Ode to an Army Nurse" (published in the April 2005 issue of the Army Nurse Corps Newsletter) to all ANC officers as long as they acknowledge the copyright owner (MAJ Chinneth), and the items produced are not sold for profit.

Congratulations to **LTC Patricia A. Wilhelm**, Pediatric Product Line Nursing Director at Tripler Army Medical Center for her recent publication. Heermann, J. A., Wilson, M. E., & Wilhelm, P. A. (2005). Mothers in the NICU: Outsider to partner. *Pediatric Nursing*, 31(3), 176-181,200. It is part of a CE series.

Kudos to **MAJ Iluminada S. Chinneth**. Her poem, "HIV: a monologue" was published in *Reflections on Nursing Leadership, Journal of Sigma Theta Tau International Honor Society of Nursing*, 2nd Quarter Issue, April 2005. MAJ Chinneth also published "Crayons as developmental assessment tools", in the Clinical Pearls section of *Clinician Reviews*, Volume 15, No. 4, April 2005.

Kudos to **COL Janet R. Harris** and **LTC Mary E. Tenhet** have coauthored a book chapter in the 8th edition of "Critical Care Nursing, A Holistic Approach" by Patricia Gonce Morton, Dorrie K. Fontaine, Carolyn M. Hudak and Barbara M. Gallo (2005). COL Janet Harris and LTC Mary Tenhet coauthored the Respiratory System chapter which included the following topics: Anatomy and Physiology of the Respiratory System; Patient Assessment: Respiratory System; Patient Management: Respiratory System; Common Respiratory Disorders and Acute Respiratory Distress Syndrome. COL Janet Harris is currently Deputy Director, Congressionally Directed Medical Research Programs at the US Army Medical Research and Materiel Command, Fort Detrick, Maryland.&nb sp; LTC Mary Tenhet is serving as the Chief, Medical-Surgical Nursing Section at Womack Army Medical Center, Fort Bragg, North Carolina.

Congratulations to the following individuals for receiving research funding in FY05 by the TriService Nursing Research Program (TSNRP). Information about these studies and others can be found on the TSNRP website, http://131.158.7.207/cgi-bin/tsnrp/search_studies.cgi?y=2005.

COL Richard Ricciardi for a study titled, "Impact of Body Armor on Physical Work Performance" that will be done at USUHS as part of his doctoral studies.

COL Stacey Young-McCaughan for a study titled, "Comparing Aerobic to Resistance Exercise in Recovery from Cancer" that will be done at Brooke Army Medical Center.

COL Stacey Young-McCaughan for a study titled, "Pain & Sleep Disturbance in Soldiers with Extremity Trauma" that will be done at Brooke Army Medical Center.

News from the Army Nurse Corps Historian, LTC Charlotte Scott

Mark your calendar for this annual Military Order of the Purple Heart Service (MOPH) honoring military nurses at the Spirit of Nursing Memorial in Arlington National Cemetery located in Section 21 West of the Amphitheater on Porter Drive (historically known as "Nurses Hill"). This event is always held the second Friday in September at 2 p.m. This year's date is Friday, 09 September 2005. Seating will be available. A short program is held by the MOPH officers with remarks by military nurse corps chiefs or their representatives. A reception will follow at the Women in Military Service for America Foundation (WIMSA) on the grounds of Arlington Cemetery. Please RSVP to MOPH Office at (703) 642-5360 if you plan to attend.

History of the Purple Heart

The Purple Heart is a prestigious award with its origins dating back to the American Revolution. It was created and designed by General George Washington in 1782. Originally called the "Badge of Military Merit", it was made of a heart-shaped piece of blue cloth, edged by braided lace. Some traditions state that the cloth of the badge was taken from the blue uniform blouse of Soldiers in the Continental Army. It was awarded to Soldiers in recognition of bravery and good conduct. The Purple Heart was first awarded to Soldiers in 1783. After the American Revolution, the badge was no longer awarded until the 1930's.

The badge was proposed again on 07 January, 1931, on the bicentennial of George Washington's birth, and at that time the design of the badge was changed to include a sprig where we now have the profile of Washington. The badge was reinstated by the War Department on 22 February, 1932. At that time changes were also made to the Army Regulations defining the conditions of the award, to include wounds from enemy action, and for meritorious acts as determined by the commander. After its reinstatement, World War I recipients of Meritorious Service Citation Certificates, Army Wound Ribbon, or Wound Chevrons could exchange their awards for the Purple Heart.

During World War II (WWII), the Legion of Merit was enacted by Congress, thereby discontinuing the practice of awarding the Purple Heart for meritorious service. The Purple Heart was there after awarded only for being wounded by enemy action. On 03 December, 1942, by authorization of President Franklin D. Roosevelt, the award was authorized to the Navy, Marine Corps, and Coast Guard,

effective retroactively to 06 December 1941. Later, it was retroactively extended to the Navy, Marine Corps, and Coast Guard for their service in WWI by President Harry S. Truman.

In 1962, President John F. Kennedy extended eligibility requirements to include United States civilians that were wounded while serving with the armed forces (until 1998 when this was rescinded), and for posthumous award. In 1984, President Ronald Reagan further amended the requirements to include being wounded or killed by international terrorist action, or while serving in a peacekeeping force. In 1985, the Purple Heart was authorized to former prisoners of war. Current guidance for the Purple Heart award can be found in AR 600-8-22.

We do not know exactly how many Army Nurses over the years have received the Purple Heart. In WWII, more than sixteen hundred nurses were decorated for meritorious service and bravery under fire. Many of these nurses were awarded the Purple Heart, including the 67 Army Nurse Corps officers held as prisoners of war. Other recipients include 1LT Sharon A. Lane's, award of the Purple Heart posthumously in 1969. LT Lane died on 8 June 1969 of shrapnel wounds received during an enemy rocket attack while on duty at the 312th Evacuation Hospital in Chu Lai, Republic of Vietnam. In 1994, MAJ Nelly Aleman-Guzman was presented the Purple Heart for injuries received in 1989 while serving in El Salvador. More recently, CPT Doug Elmore received the Purple Heart for injuries received in Afghanistan in 2002. As Army Nurses, we are proud of our history and appreciate the bravery and sacrifices made by our predecessors and peers alike. It is important that we recognize and record this information for future generations and it requires the participation of all of us to completely and accurately record events in Army Nurse Corps history. If you have received an award, such as the Purple Heart, or if you know of someone else that has, please send this information to the Office of Medical History or contact the Army Nurse Corps Historian so that these records can be added to the historical archives. Contact information can be found at <http://history.amedd.army.mil/ANCWebsite/anchhome.html>.

In 1958, a group of combat wounded veterans organized a fraternal group known as the "Military Order of the Purple Heart", and the organization was chartered by Congress by H.R. 13558 which became Public Law 85-761. As announced in last month's newsletter, on 09 September, 2005, at 2:00 p.m., the Military Order of the Purple Heart (MOPH) will hold the annual memorial service in honor of wartime nurses from all branches of the military. It will be held at Arlington National Cemetery at the Nurses Memorial in Section 21 (also known as Nurses Hill). This event is always a beautiful service and a proud experience for the attendees. If you are interested in attending, please contact the MOPH point of contact, Mimi Phrasavath at (703) 642-5360.

News from Around the Army Nurse Corps and the World

Megan's Story by Megan And COL Elizabeth Mittelstaedt, DCN, Bassett Army Community Hospital, Ft. Wainwright, AK

Hello all Army Nurse Corps officers! My name is Megan, and I'm a yellow Labrador puppy currently living in Fairbanks Alaska. You are probably wondering why I'm writing a story for your Newsletter.....well, read on and you'll find out!



I was born 14 October 2004 and was bred with specific traits to be a Guide Dog for someone with a mobility disability. My training started when I was just 8 weeks old when my brother, sister and I all arrived in Alaska on 10 December. For 5 months we lived with 2 different families who were training us. When we were 7 months old, we all moved into one house! Can you imagine, three 7-month old Labrador puppies in one house? We had a great time, but we were slowly driving the people we lived with nuts!

With the approval of the Bassett Hospital Commander, the Veterinary Clinic, JAG, the Union, the Preventive Medicine Office, the Infection Control Nurse, and other key staff, I became a "staff member" at BACH! COL Mitt "adopted" me for the next year. She needed to become a 4H leader and become an approved handler from the Guide Dogs of the Desert organization. We are together 24 hours a day, 7 days a week.

While COL Mitt is the one that holds my leash, the whole hospital is involved in my training. As I walk down the hall with my blue jacket on, they should not pet me or acknowledge me. I think I have helped the staff learn a lot about guide dogs and what we do and what we are not supposed to do. Over the next year, COL Mitt is supposed to help me experience lots of things. I need to experience riding on the train, going to movies, riding the bus and a plane,

going to restaurants, seeing a parade and lots of other things so that I am more relaxed during these events when I'm with someone who needs me to help them move around.

You may wonder what I do every day....I go to meetings (JCAHO, morning report, QI, Executive, Safety, etc), walk to the units and clinics and watch her talk to lots of staff members and patients. I've even gone to an award ceremony, a retirement ceremony and some change of command ceremonies. While I'm sure the information is very interesting, I usually just fall asleep!

I go outside a couple of times a day to "take care of business". I do not have my jacket on when I go out for those activities and also when I eat or drink my water. When I have my jacket off, staff members and patients can pet me. I usually have a few people each day who want to visit with me! I love those moments!

If COL Mitt has an emergency or goes somewhere I cannot go, I wait patiently for her in her office. I have a kennel, toys, and even a gate up at the door. The secretary helps me when COL Mitt is out of the office. When COL Mitt goes TDY, I will go with her. She is a little concerned about the long plane rides, but I'll be fine. I'm learning new commands and learning how to behave better each week. I'm also going to become a Red Cross Volunteer so I can take my jacket off and visit patients up on the medical/surgical unit.

The question COL Mitt gets asked most is..."won't it be sad when you give her up next summer"? I hear her tell the story about us meeting a little boy in a wheelchair and him saying how excited he was that he was soon going to have a dog to help him. That's what it's all about, and that's why we are working so hard.....so I can help someone go to the movies, go to the park, and all those fun things!

I hope you like my picture. If you want to know more about guide dogs, you can look up the information at <http://www.guidedogs.com/> or google Guide Dogs of the Desert.

The Air Evacuation Experience: Walter Reed Army Medical Center by LTC Mariluz Gonzalez

"We Provide Warrior Care"



During my recent assignment as Evening/Night Nursing Supervisor, I have the opportunity to experience the receiving of injured soldiers from Germany via Andrews Air Force Base. We receive an average of 80 patients per month since last year from the Air Evacuation System. My heart aches the moment I see their faces, and their struggle with pain. They are young... They remind me of my little brother who is now stationed in Iraq.

How do we coordinate this mission? There are important team players, that must be acknowledged in this story. The Flight Line Nurse is an Army Nurse Corps Officer.



He/she arrives at Andrews AFB three hours prior to flight arrival and is responsible for the accountability of patients, medications, and supplies during transport. WRAMC receives multiple calls from the



flight Line Nurse from the moment the plane lands to 10 minutes out from our hospital. She will inform us of any changes on the manifest or patient status. She is an important member of our healthcare team.

We have a litter team that transports the patients to the Triage Room, critical care areas, and finally to their respective assignment areas.

Minutes after I receive the call from the Administrative Officer of the Day (AOD) and the Flight Line Nurse, we gather on the second floor lobby. Soon, I am surrounded by the Family Assistance Office (FAO) staff, the Red Cross, pharmacy technician, the Chaplain, Patient Administration, nurses from psychiatry and critical care.



I am so proud of being part of this great crew. Our soldiers deserve the best and we deliver!

The security police stay in place and safeguard the area. The moment the bus or buses arrive, the Litter team takes the lead and get into position with up to 8 team members. The back doors open and one stretcher is moved into position to receive the first patient.



I immediately move to the end of the stretcher (usually the feet) so I can see the transfer of patients and check the names on my list. The critical care patient will go first. This category of patients is assigned to the Critical Care Air Transport Team (CCATT).

This is the heaviest transfer due to ventilators, chest tubes, drains, and pumps. The Air Evacuation technician or CCATT

staff will guide us during the transfer. Once the patient is completely on the stretcher, he/she will be transported to the critical care area assigned and accompanied by the CCRN and 1-2 litter team members or CCATT team members. Everyone feels nervous during this type of transfer due to the potential for dropping a patient.



After all the critical care patients are off the bus we proceed to transport the patients assigned to the Triage room. Psychiatric patients will remain on the bus until an escort from the inpatient psych unit picks them up. Once the psych escort arrives, I get ready to stay with them until the patients finish one cigarette in the assigned location near the Flagpole. The outpatients will stay on the bus and taken to the Mologne House. All patients receive a bag with goodies (magazines, toiletries, a handmade quilt, snacks, and drinks). Families are taken to the FAO and assisted with placement.

I proceed to go to the Triage Room with the Flight Line Nurse to ensure smooth transition of patients. The Triage Room is located on the fifth floor in the Orthopedic clinic also known as the Cast Room. This is a very busy place during the day. There is a nurse assigned as Officer in Charge (OIC) and a technician. They are responsible for coordinating with the primary specialty physicians on call, Anesthesia service, radiology technicians and Housekeeping personnel. Patients will remain on the litters during the assessment and transport to X-ray suite. The Cast Room is the place where physicians look at wounds, remove old dressings, do irrigations, apply new dressings, reassess fractures, and do anesthesia sedation if pain is an issue. The nurse will monitor vital signs, document on SF600 (progress note), assist the physician, and call report to the unit prior to transporting the patient. Every task is done with infection control measures in mind. Staff working in the Cast Room must wear yellow gowns and gloves to prevent the spread of *Acinobacter* and other transmissible bacteria.



The Flight Line Nurse will bring all medications and will count narcotics with a pharmacy technician to ensure accountability. Patients will go to the Operating Room the next morning or receive anesthesia sedation upon arrival. These are main reasons why we do not allow patients to eat or drink in the Cast Room.

Our mission is done when the last patient is transported to the unit assigned to. It will take about 6-8 hours to complete our mission from patient's arrival until final transport. I truly understand it takes longer for a patient to get here while experiencing pain during the entire flight. Knowing that we met the immediate needs of these soldiers and to see them the next day improving brings great pride and an sense of accomplishment. We all look forward to a full recovery in the days to come. Many times I hear the phrase "I will go back to fight in a heartbeat." Here by my side is this soldier without an arm or a leg, or missing an eye - yet with a spirit that will never be defeated!



***CADET COMMAND, Reserve Officer Training Corps (ROTC) Highlights,
by MAJ Crystal House, 5th Brigade ROTC Nurse Counselor***

Well, it's that time of year again in ROTC. Cadets are "enjoying" their summer at various ROTC training events, to include the Leadership Development Assessment Course (LDAC- formerly known as Advanced Camp and the National Advanced Leadership Camp) at beautiful Ft Lewis, WA. During the summer, cadets attend this 32-day training event between their junior and senior year of college. For nursing cadets, they get to spend an additional 21 days at one of 9 military medical treatment facilities at: Landstuhl, Hawaii, Walter Reed, Fort Gordon, Fort Bragg, Fort Sam Houston, Fort Bliss, Fort Hood, and Fort Lewis participating in the Nurse Summer Training



Program (NSTP) clinical experience. The Fort Lewis location gets highlighted since both LDAC and NSTP are at one site. Cadet Command invites nursing educators from Army ROTC campuses across the U.S. to Washington each July for a chance to see the “down and dirty” of the ROTC program, get exposed to Army nurses and nursing at MAMC.

This summer we are hosting 84 nursing faculty from universities throughout the US and Puerto Rico for the 2005 LDAC Nurse Educator Tour. These faculty members will have 2 days to see what cadets are doing at the summer training sites. The really HOOAH faculty members are given an opportunity to participate in some of the individual training events; such as: Weapons Qualification with an M-16, Rappelling from the 60 foot tower, and the Field Leadership Reaction Course. The highlight of the visit, however, is a tour of MAMC and a chance to speak to the nurse cadets that are participating in the Nurse Summer Training Program clinical. The goal of the Nurse Educator Tour is to allow the faculty an opportunity to see what nurse cadets are preparing for in the ROTC program on their campus in the hopes that a better understanding of the requirements will, in turn, result in a more cooperative relationship between the ROTC program and the School of Nursing.

During last year’s tour, most faculty members were amazed to see the intensity of the training and surprised to learn that the cadets were preparing for this right on campus, while balancing the demands of a rigorous nursing curriculum. So, if you happen out to Ft Lewis this month, take a moment to check out what future Army nurses are doing to prepare for the challenge ahead. You might, like the campus faculty, be a little surprised by the rigorous training, but you’ll definitely be very impressed by these outstanding future nurses!

“Provider Profiling: Is It coming to Nursing?” by MAJ Melissa A. Wallace, AN, Chief, Clinical Services Division, Bassett Army Community Hospital, Ft. Wainwright, AK

All fixed hospitals and free-standing clinics in the Department of Defense are required to be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or through another accreditation source approved by the Assistant Secretary of Defense for Health Affairs (TRICARE Management Activity, 1997). Therefore, JCAHO plays an important role in the military health system. Assessing, demonstrating, and maintaining competence to perform job responsibilities is one requirement of JCAHO. Army medical facilities routinely perform ongoing competence assessment, but are we measuring competence accurately?

Nursing skills are frequently divided into three domains: technical skills, critical thinking skills, and interpersonal skills. Most facilities use an orientation checklist upon initial employment to determine competence in key tasks followed by an annual review of the checklist to determine continued competence. Wright (1998) contests that eventually checklists result in senseless and frustrating paper-drills. Wright also states that competence in all three domains cannot be assessed through a single method and that checklists are good for technical skills but not for critical thinking and interpersonal skills. Most states require Continuing Education (CE) credits for license renewal to indicate continued competence; Army Nurse Corps Officers are required to obtain 20 credits each year. However, many also question the use of CE credits to indicate competency because offerings can range from a simple power-point presentation to a case study and more. Continuing Education when combined with a post-test and discussion can be used to assess critical thinking skills. Even with checklists and CEs combined, the process lacks an assessment of the interpersonal domain. Many facilities have implemented peer reviews, chart reviews, and feedback from customer satisfaction surveys along with CE offerings and the checklist assessment, but there is often no consistency of implementation even within the same facility. Nurses are an integral part of healthcare; this impact has been recognized as nurses are finding themselves implicated in legal cases more frequently. Army Regulation 40-68 *Clinical Quality Management* (2004) now makes nurses subject to the same risk management peer review process as physicians. Our profession is subject to the same rigorous scrutiny.

The JCAHO standard MS.4.40 requires a facility to base the renewal of provider privileges on continual monitoring of professional performance, judgment, and clinical or technical skills (JCAHO, 2005). The intent is a comparison of the provider to an aggregate of peers, also known as provider profiling. Chapter 9-4, AR 40-68 (2004) is reflective of this requirement. Interestingly, AR 40-68 also indicates that aggregate data on competency is to be collected and analyzed for other staff to identify trends and competency needs for a unit. With the increased recognition that nursing has a direct impact on patient outcomes and the existing requirement for collection of aggregate data on a unit, what is to keep profiling initiatives from including nurses in the primarily physician based system?

In truth, not much stands in the way of such an occurrence. Hospital administrators have grasped the utility of provider profiling, and physicians are rapidly coming to understand that profiling is not punitive in nature. As Army medical facilities successfully complete their physician profiling systems and collaborate with each other, the door is open to extend profiling to nursing. The difficult part is to determine the measures. We, as a Corps, have the paint and the canvas; we need only place them together to create the picture. Then we would have a consistent system across the Corps. It is a logical step that could easily address the three domains of nursing skills and provide meaningful data on which to base key decisions.

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News from the Reserve Component

Promotion Information by COL Carol Swanson, USAR

AR 135-155 requires that an Army Nurse Corps Officer appointed after 1 October 1986, must possess at a Bachelor of Science Degree in Nursing (BSN) to be promoted to the rank of Major. An MS in nursing (MSN) meets this requirement. In the last few years, over 50% of nurses being considered for promotion to MAJ were found not educationally qualified (NEQ) because there was no documentation of a BSN. When the letter is sent to a nurse not selected for promotion, it does not indicate why and it could possibly be because of “NEQ.” Nurses who were “not selected” for promotion to MAJ but possess a BSN, should probably phone Promotions at HRC St Louis, 1-877-215-9834, to check if erroneously the record indicated “NEQ.” To access that information, enter the SSN, then choose option 4 to speak to a representative.

USUHS Medical Executive Skills Training Course

“Critical Decision Making for Medical Executives: Keys to Improving Health Care Delivery” is an advanced-level course offered by USUHS to educate military health care professionals in the tools and methods needed to continuously improve high-quality health care systems. The course supports the Congressional mandate that health care leaders receive training in health care management. With the establishment of the National Quality Management Program, medical executives are accountable for clinical effectiveness and efficiency in the use of health care resources at their facilities. This course focuses on improvement in the quality and cost efficiency of clinical practice and population health outcomes through evidence-based decision making.

The course provides an overview of current approaches to the assessment and improvement of health care delivery in the DoD and civilian managed care environments. Emphasis is placed on the analytic methodologies that support decision-making by medical executives, and the evaluation of processes that improve health status of the patient and minimize resource costs.

The course, delivered approximately five times a year to 4 CONUS multi-service markets and 1 OCONUS market, consists of a combination of pre-course distance learning modules, in-class lectures and discussions, web-based tools workshop, and small group case study exercises. A pre-course survey and assessment of participants is conducted via distance learning. On the final day of the course, the afternoon session involves a scenario-based training exercise integrating the methodologies covered during the week and a post-test evaluation. This group workshops and exercises give participants the opportunity to reflect on current issues and problems encountered by medical executives, integrate what they have learned from the course and to exchange ideas. Who should attend? If you are an O4/O5/O6 and are a leader in the Military Health System, this course is for you. Please logon to: <http://medxellence.usuhs.mil/nominations.asp> to submit a nomination. For more information, visit us on the web at: <http://medxellence.usuhs.mil> Nominees are accepted 90 days before each course. Upcoming Course: 24-28 October 2005 Keystone Resort Keystone, CO

News from the Consultants

Community Health Update by COL Joann Hollandsworth

New On-line health assessment tool being developed- LTC Combs (CHPPM) has been working with a DoD level work group to develop the requirements for the HART-R (Health Assessment Review Tool with Readiness Questions), an on-line health assessment tool. When this project is completed, active duty service members and their family members will be able to complete this tool via TRICARE On-line through any internet service. Results and summary data will be able to be printed and taken to a health care provider for follow-up. Corporate level and local level data will be accessible for decision-making support.

Tobacco control update- LTC Combs and Brad Taft, MSN (CHPPM) are representing the Army on the Alcohol and Tobacco Advisory Committee (ATAC). This is a DoD level committee that provides direct health policy recommendations. This group has recently been tasked to develop a draft DoD policy and action plan for reducing tobacco use among active duty personnel. Sample recommendations to date include: 1) incorporating healthy lifestyle objectives into all basic, intermediate, and senior level training and education – with a special emphasis on the negative effects of tobacco use; and 2) treating tobacco use as a chronic addiction

News from Human Resource Command

From the Desk of the ANC Branch Chief – COL Roy Harris

Summer simmers along at a sizzling pace here in the DC area (literally) and our staff continues to reach out and touch many of you every day. For most of the AN Branch staff, they are beginning their second year as a team. We welcome MAJ Pam Godinez to handle the desk recently vacated by LTC Vinette Gordon. MAJ Godinez joins us following redeployment from Iraq where she served as the Head Nurse of the ICU and PACU for the 86th CSH in Baghdad. She brings a wealth of critical care experience both in Head Nurse roles and clinical nursing. She holds a MSN and MEL 4 and will be a wonderful addition to our team as she works with the 8A and M5 populations. Generally, AN Branch assignments span two years here with the exception of the Chief and Deputy roles. A two year assignment enables the officer to return to the clinical environment to reground their professional nursing persona. The rest of our staff will stay in the roles you are accustomed to seeing them in at least till next summer.

We continue to have our monthly "rolling" HPLRP boards so I encourage those who wish to take advantage of this funding stream to clear out academic debt, to do so soonest. The monthly boards greatly facilitate the selection and notification process and enable the officer to see the funds in fairly short order. Two significant boards for our Corps are in the works for the next couple months. First, the 9A board which is the selection of officers who earn the recognition by the Surgeon General of absolute clinical excellence, will be held in late September. I will send out the information and formats for submission of candidates to be screened by this board. Second, the Chief Nurse board to be held the first week of October. I'll be putting more information out to the Chief Nurses about this board as we nail down the positions to open summer of 06.

Thanks to all of our great officers and nurses who continue to serve with honor and distinction, both here and in the deployed theaters. Enjoy the rest of your summer and we trust you will find time to relax with your family and friends.

RAH
Carpe Diem!

Calls For...

NINETEENTH ANNUAL PACIFIC NURSING RESEARCH CONFERENCE “Nursing Research: Defining Best Practices” **February 24-25, 2006** Waikiki Beach Marriott Resort, Hawaii

Call for Abstracts

Nurses are invited to submit abstracts for poster or podium presentations for the 19th Annual Pacific Nursing Research Conference co-sponsored by the University of Hawai‘i at Manoa School of Nursing and Dental Hygiene and the Tripler Army Medical Center. This conference is dedicated to promoting nursing research in practice and education.

ABSTRACT SUBMISSION DEADLINE: OCTOBER 3, 2005

General Information

- All research topics are welcome.
- Research must have been initiated and/or completed within the past five years.
- Research must be completed by the time of submission to be eligible for podium presentation.

- In-progress or completed research or projects are eligible for poster presentation.
- Clinical applications and projects are eligible for poster presentation

Please submit the abstract with author contact information, two learning objectives, content outline for each objective and presenter's CV as an E-mail attachment in MS Word or WordPerfect to: pnrc@hawaii.edu

Notification of acceptance and additional instructions will be sent no later than November 30, 2005.

Presentation Formats

PODIUM presentation will be 15-20 minutes using MS Power Point

POSTER presentations will be displayed during the entire conference

USUHS Medical Executive Skills Training Course

“Critical Decision Making for Medical Executives: Keys to Improving Health Care Delivery” is an advanced-level course offered by USUHS to educate military health care professionals in the tools and methods needed to continuously improve high-quality health care systems. The course supports the Congressional mandate that health care leaders receive training in health care management. With the establishment of the National Quality Management Program, medical executives are accountable for clinical effectiveness and efficiency in the use of health care resources at their facilities. This course focuses on improvement in the quality and cost efficiency of clinical practice and population health outcomes through evidence-based decision making.

The course provides an overview of current approaches to the assessment and improvement of health care delivery in the DoD and civilian managed care environments. Emphasis is placed on the analytic methodologies that support decision-making by medical executives, and the evaluation of processes that improve health status of the patient and minimize resource costs.

The course, delivered approximately five times a year to 4 CONUS multi-service markets and 1 OCONUS market, consists of a combination of pre-course distance learning modules, in-class lectures and discussions, web-based tools workshop, and small group case study exercises. A pre-course survey and assessment of participants is conducted via distance learning. On the final day of the course, the afternoon session involves a scenario-based training exercise integrating the methodologies covered during the week and a post-test evaluation. This group workshops and exercises give participants the opportunity to reflect on current issues and problems encountered by medical executives, integrate what they have learned from the course and to exchange ideas. Who should attend? If you are an O4/O5/O6 and are a leader in the Military Health System, this course is for you. Please logon to: <http://medxellence.usuhs.mil/nominations.asp> to submit a nomination. For more information, visit us on the web at: <http://medxellence.usuhs.mil> Nominees are accepted 90 days before each course. Upcoming Course: 24-28 October 2005 Keystone Resort Keystone, CO.

MG Pollock Welcomes the US Army Graduate Program in Anesthesia Nursing Class of 2005

While in San Antonio for the AUSA Conference, MG Gale S. Pollock visited the US Army Graduate Program in Anesthesia Nursing classroom at the Academy of Health Sciences to welcome the incoming Class of 2005. MG Pollock not only wished them well in this rigorous graduate course, she recharged her anesthesia nursing talents by intubating the new METI Simulator in the renovated Simulation Center (with MAJ Benham, Director of Simulation observing).



Office of the Chief, Army Nurse Corps	
<p>Fort Sam Houston Office COL Barbara Bruno, Deputy Chief ANC mailto:Barbara.bruno@amedd.army.mil LTC Sheri Howell, AN Staff Officer mailto:Sheri.howell@amedd.army.mil MAJ Eric Lewis, AN Fellow mailto:Eric.lewis@amedd.army.mil AMEDD Center and School ATTN: MCCS-CN, Room 275 2250 Stanley Road Fort Sam Houston, TX 78234 210.221.6221/6659 DSN 471 Fax: 210.221.8360</p>	<p>Washington, DC Office LTC Karen Whitman, AN Staff Officer mailto:Karen.Whitman@belvoir.army.mil Headquarters, DA Office of the Surgeon General 6011 5th Street, Suite #1 Fort Belvoir, VA 22060-5596 703.806.3027 DSN 656 Fax: 703.806.3999</p>
ANC Branch @ HRC: www.perscomonline.army.mil/ophsdan/default.htm	AN Website: http://armynursecorps.amedd.army.mil/